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FEB 22 2005

PTO/SB/21 (09-04)

Approved for use through 07/31/2008, OMB 0551-0031  
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| <b>TRANSMITTAL FORM</b>                  |    | Application Number     | 10/785,201        |
|  |    | Filing Date            | February 23, 2004 |
|  |    | First Named Inventor   | Hideo Saito       |
|  |    | Art Unit               | 3612              |
|  |    | Examiner Name          | Joseph Pape       |
| Total Number of Pages in This Submission | 31 | Attorney Docket Number | ACO 366           |

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

**ENCLOSURES (Check all that apply)**

|  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form   | <input type="checkbox"/> Drawing(s)                                       | <input type="checkbox"/> After Allowance Communication to TC                            |
| <input checked="" type="checkbox"/> Fee Attached   | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences     |
| <input checked="" type="checkbox"/> Amendment/Reply  | <input type="checkbox"/> Petition   | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)   | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input checked="" type="checkbox"/> Extension of Time Request                                      | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):         |
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| <input type="checkbox"/> Certified Copy of Priority Document(s)                                    | <input type="checkbox"/> CD. Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application                            | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| Remarks  |   |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

|              |   |          |        |
|--------------|---|----------|--------|
| Firm Name    | Alleman Hall McCoy Russell & Tuttle LLP |          |        |
| Signature    |   |          |        |
| Printed name | Mark D. Alleman                         |          |        |
| Date         | February 22, 2005                       | Reg. No. | 42,257 |

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name

Josi Bridges

Date February 22, 2005

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PTO/SB/17 (12-04-02)

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|   |  |                          |                   |
|---|--|--------------------------|-------------------|
| <b>Effective on 12/08/2004.</b><br><i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> |  | <b>Complete If Known</b> |                   |
|   |  | Application Number       | 10/785,201        |
|   |  | Filing Date              | February 23, 2004 |
|   |  | First Named Inventor     | Hideo Saito       |
|   |  | Examiner Name            | Joseph Pape       |
|   |  | Art. Unit                | 3612              |
|   |  | Attorney Docket No.      | ACO 366           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27                                    |  |                          |                   |
| <b>TOTAL AMOUNT OF PAYMENT (\$)</b>   |  | 200.00                   |                   |

**METHOD OF PAYMENT** (check all that apply)

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 under 37 CFR 1.16 and 1.17

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> |                       |
| Utility                 | 300                | 150                 | 500                | 250                 | 200                     | 100                 | _____                 |
| Design                  | 200                | 100                 | 100                | 50                  | 130                     | 65                  | _____                 |
| Plant                   | 200                | 100                 | 300                | 150                 | 160                     | 80                  | _____                 |
| Reissue                 | 300                | 150                 | 500                | 250                 | 600                     | 300                 | _____                 |
| Provisional             | 200                | 100                 | 0                  | 0                   | 0                       | 0                   | _____                 |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)  Fee (\$): 50  Fee (\$): 25

Each independent claim over 3 (including Reissues)  Fee (\$): 200  Fee (\$): 100

Multiple dependent claims  Fee (\$): 360  Fee (\$): 180

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u>      | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|---------------------|---------------------|----------------------|----------------------|----------------------------------|----------------------|
|                     | <u>Fee (\$)</u>     | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| 13 - 20 or HP =     | 0                   | x                    | =                    | 50                               | 25                   |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u>      | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> |                      |
|----------------------|---------------------|----------------------|----------------------|----------------------------------|----------------------|
|                      | <u>Fee (\$)</u>     | <u>Fee Paid (\$)</u> | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u> |
| 4 - 3 or HP =        | 1                   | x                    | 200.00               | =                                | 200.00               |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| _____ - 100 =       | _____ / 50 =        | (round up to a whole number)                            | x               | =                    |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

|  |   |
|--|---|
| <b>SUBMITTED BY</b>                      |   |
| <b>Signature</b>                         |  |
| <b>Name (Print/Type)</b>                 | Mark D. Alleman   |
| <b>Registration No. (Attorney/Agent)</b> | 42,257  |
| <b>Telephone</b>                         | 503-459-4141  |
| <b>Date</b>                              | February 22, 2005   |

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